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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17647 (1)

1. Corporation Name

NORTH FLORIDA FOOTBALL OFFICIALS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

VFW POST 7909
6204 BLANDING BLVD.
JACKSONVILLE FL 32244
USVFW POST 7909
6204 BLANDING BLVD.
JACKSONVILLE FL 32244-2814
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1317 ELK CT.

22 City & State

27 ORANGE PARK FL

23 Zip Country

28 32073 30

3. Date Incorporated or Qualified
10/15/19863a. Date of Last Report
03/26/19964. FEI Number
59-2693139Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGREADY, BRIAN
4361 MELROSE AVE.
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME JAMES, CLARENCE
STREET ADDRESS 4211 TIMBERLAKE DR N
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE D Change Addition

1.2 NAME ANNALEE McPhily
1.3 STREET ADDRESS 8669 GARDEN ST.
1.4 CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE D DELETE

NAME BASYE, RICHARD L.
STREET ADDRESS 11682 MARINA DR.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE Change Addition

2.2 NAME 7 STARFISH CT.
2.3 STREET ADDRESS PONTE VEDRA BCH FL 32082
2.4 CITY-ST-ZIP

TITLE T DELETE

NAME NICKLE, DONALD D.
STREET ADDRESS 1317 ELK COURT
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition

3.2 NAME DONALD B. NICKLE
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S DELETE

NAME BOOKER, DOUGLAS
STREET ADDRESS 2833 W 4TH ST
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P DELETE

NAME VINCENT, JOHN
STREET ADDRESS 40 ROBIN ROAD
CITY-ST-ZIP ORANGE PARK FL

5.1 TITLE P Change Addition

5.2 NAME BRIAN MCGREADY
5.3 STREET ADDRESS 1190 N. ORANGE AVE
5.4 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE V DELETE

NAME MARSH, JOSEPH
STREET ADDRESS 2894 GATLING BLVD
CITY-ST-ZIP ORANGE PARK FL

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald B. Nickle DONALD B. Nickle 1-30-97 904 354 3278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)